

STATE OF SOUTH CAROLINA

(Caption of Case)

RECEIVED  
2013 MAR 28 AM 11:20  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

SC PUBLIC SERVICE COMMISSION COVER LETTER

DOCKET  
NUMBER: 2013 - 12 - A

(Please type or print)

Submitted by: BellSouth Long Distance, Inc. d/b/a AT&T  
Long Distance Service  
Address: 675 W. Peachtree Street, Room 17E21  
Atlanta, GA 30308

SC Bar Number: \_\_\_\_\_  
Telephone: 404-927-4761  
Fax: 404-681-1920  
Other: \_\_\_\_\_  
Email: tm5886@att.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

- ☐ Emergency Relief demanded in petition ☐ Request for item to be placed on Commission's Agenda expeditiously  
☒ Other: Authorized Utility Representative

INDUSTRY (Check one)	NATURE OF ACTION (Check all that Apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other:	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest		
<input type="checkbox"/> Other:	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report		



2600 Maitland Center Pkwy.  
Suite 300  
Maitland, FL 32751  
P.O. Drawer 200  
Winter Park, FL  
32790-0200  
Tel: 407-740-8575  
Fax: 407-740-0613  
www.tminc.com

RECEIVED

2013 MAR 28 AM 11:28

SC PUBLIC SERVICE  
COMMISSION

March 27, 2013  
Via Overnight Delivery

Clerk's Office  
South Carolina Public Service Commission  
101 Executive Center Dr.  
Columbia, SC 29210

RE: BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service  
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,



Alex Fernandez  
Compliance Reporting Specialist

file: BellSouth Long Distance, Inc. d/b/a AT&T Long Distance Service -  
Reporting - South Carolina

AF/ms

2013-12-A 242567

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

RECEIVED

**CERTIFICATED COMPANY INFORMATION**

MAR 28 AM 11:28

BellSouth Long Distance, Inc.

Company Name

AT&amp;T Long Distance Service

Dba/fka

675 W. Peachtree Street, Room 17E21

Mailing Address

Atlanta, GA 30308

City, State, Zip Code

675 W. Peachtree Street, Room 17E21

Business Location

Atlanta, GA 30308

City, State, Zip Code

County

FEIN/SSN

404-927-4761

Telephone #

SC PUBLIC SERVICE  
COMMISSION**REGISTERED AGENT INFORMATION**

Registered Agent: Corporation Service Company

Mailing Address: 1703 Laurel Street

City, State, Zip Code: Columbia, SC 29201

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

Thomas Margavio

**A. General Manager** (Include Address if different than above)

404-927-4761

/ 404-681-1920

/ tm5886@att.com

Telephone Number

/ Facsimile Number

/ E-mail Address

AT&amp;T Customer Advocacy Center

**B. Customer Relations/Complaints Representative** (Include Address if different than above)

800-451-3106

/ 404-681-1920

/

Telephone Number

/ Facsimile Number

/ E-mail Address

AT&amp;T Customer Advocacy Center

**C1. Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)

800-451-3106

/ 404-681-1920

/

Telephone Number

/ Facsimile Number

/ E-mail Address

800-316-9385

**C2. Customer Contact (Toll Free Number)**

Thomas Margavio

**D. Engineering Operations** (Include address if different than above.)

404-927-4761

/ 404-681-1920

/ tm5886@att.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Thomas Margavio

**E. Test and Repair** (Include address if different than above.)

404-927-4761

/ 404-681-1920

/ tm5886@att.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Thomas Margavio

**F. Emergencies** (During non-office hours)

404-927-4761

/ 404-681-1920

/ tm5886@att.com

Telephone Number

/ Facsimile Number

/ E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

	Thomas Margavio		
G.	<b>Regulatory Officer</b> (Include Address if different than above)		
	404-927-4761	/ 404-681-1920	/ tm5886@att.com
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Thomas Margavio		
H.	<b>Dual Party Mailings</b> (Name)		
	675 W. Peachtree Street, Room 17E21, Atlanta, GA 30308		
	(Mailing Address)		
	404-927-4761	/ 404-681-1920	/ tm5886@att.com
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Thomas Margavio		
I.	<b>Interim LEC Fund Mailings</b> (Name)		
	675 W. Peachtree Street, Room 17E21, Atlanta, GA 30308		
	(Mailing Address)		
	404-927-4761	/ 404-681-1920	/ tm5886@att.com
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Thomas Margavio		
J.	<b>Universal Service Fund Mailings</b> (Name)		
	675 W. Peachtree Street, Room 17E21, Atlanta, GA 30308		
	(Mailing Address)		
	404-927-4761	/ 404-681-1920	/ tm5886@att.com
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Thomas Margavio		
K.	<b>Gross Receipts Mailings</b> (Name)		
	675 W. Peachtree Street, Room 17E21, Atlanta, GA 30308		
	(Mailing Address)		
	404-927-4761	/ 404-681-1920	/ tm5886@att.com
	Telephone Number	/ Facsimile Number	/ E-mail Address
	Thomas Margavio		
L.	<b>Lifeline Mailings</b> (Name)		
	675 W. Peachtree Street, Room 17E21, Atlanta, GA 30308		
	(Mailing Address)		
	404-927-4761	/ 404-681-1920	/ tm5886@att.com
	Telephone Number	/ Facsimile Number	/ E-mail Address

Thomas Margavio

***This form was completed by***

Associate Manager

***Title***

***Signature***

***Date***

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Attn: Clerk's Office**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
And  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201